



# Vulnerable Person Form

## Reporting a Vulnerable Person

The Port Hope Police Vulnerable Person Registry is offered to Port Hope families or caregivers of vulnerable persons. This information on this form is a voluntary submission so that we can enter it into a database that will be used by us for any interaction with Police.

You can register a vulnerable person by completing this form and submitting it electronically to [vpr@phps.on.ca](mailto:vpr@phps.on.ca) or by visiting the Port Hope Police Service in person.

This information that you voluntarily provide will improve our understanding of the individual and will help us improve our response strategy.

A Vulnerable Person is defined as: **a person who due to a medical, mental health, or physical condition may exhibit patterns of behaviour that may pose a danger to themselves.** This may include but is not limited to the following:

- Autistic individuals or individuals with Aspergers Syndrome
- Individuals with Alzheimer's Disease
- People with an debilitating head injury
- People who have an inability to communicate
- People with fascinations or attractions (water, construction sites etc.)
- Social responses (fear of strangers, aggression)

Please note the Port Hope Police Service may conduct a home visit with the individual being added to the Registry.

## Submitting Instructions:

- 1) Complete pages 2-3 of this form
- 2) Submit current photograph with form (JPEG, BMP, or Word document)
- 3) Email to [vpr@phps.on.ca](mailto:vpr@phps.on.ca) or drop off form at the Port Hope Police Station, 55 Fox Road N, Port Hope, ON



## Reporting Person Information:

<b>First name:</b>	
<b>Middle name(s):</b>	
<b>Last name:</b>	
<b>Street Number:</b>	
<b>Street Name:</b>	
<b>Apt:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Country:</b>	
<b>Email address:</b>	
<b>Phone Number:</b>	
<b>Mobile (Cell) Number:</b>	
<b>Sex:</b>	
<b>Date of Birth:</b>	
<b>Relationship to vulnerable person:</b>	

The Port Hope Police will not share this information with anyone else without Reporting person's consent.



## Vulnerable Person Details:

<b>First name:</b>	
<b>Middle name(s):</b>	
<b>Last name:</b>	
<b>Street Number:</b>	
<b>Street Name:</b>	
<b>Apt:</b>	
<b>City:</b>	
<b>Province:</b>	
<b>Postal Code:</b>	
<b>Primary Phone Number:</b>	
<b>Mobile (Cell) Number:</b>	
<b>Email address:</b>	
<b>Sex:</b>	
<b>Date of Birth:</b>	



## Physical Descriptors:

Height(Inches):	
Weight(Pounds):	
Complexion:	
Any distinguishable characteristics:	

### Special Need Characterization i.e Alzheimer's Disease, Autism, Asperger's etc

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### Special Instructions for Police or most effective method of Police approach:

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Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Signed by: \_\_\_\_\_

Note\* By submitting this form I realize that I have given this information voluntarily and it will be used as a tool to assist Police. I also understand that the Port Hope Police will not share this information with anyone else without my consent.

Also by signing this form you have confirmed that the individual being added to the Registry has been notified that the Police have their information.